

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000004032 (8)

1. Corporation Name
INTEGRATED MEDICAL SYSTEMS, INC.



Principal Place of Business: **15000 W. 6TH AVE., SUITE 400 GOLDEN CO 80401**
 Mailing Address: **15000 W. 6TH AVE., SUITE 400 GOLDEN CO 80401-5047**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1994	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 84-0970775	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: **4-18-97**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN R. MOLEY	1.2 NAME	
STREET ADDRESS	15000 W 6TH AVE #400	1.3 STREET ADDRESS	
CITY- ST- ZIP	GOLDEN CO	1.4 CITY- ST- ZIP	
TITLE	COO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD B. DANIELS	2.2 NAME	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	2.3 STREET ADDRESS	
CITY- ST- ZIP	GOLDEN CO	2.4 CITY- ST- ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHARLES I	3.2 NAME	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	3.3 STREET ADDRESS	
CITY- ST- ZIP	GOLDEN CO	3.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD J. SMELTZ	4.2 NAME	
STREET ADDRESS	15000 W 6TH AVE #400	4.3 STREET ADDRESS	
CITY- ST- ZIP	ENGLEWOOD CO	4.4 CITY- ST- ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES S. IOBE	5.2 NAME	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	5.3 STREET ADDRESS	
CITY- ST- ZIP	GOLDEN CO	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL S HUNT	6.2 NAME	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	6.3 STREET ADDRESS	
CITY- ST- ZIP	GOLDEN CO	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____ DATE: **4-18-97** (303)271-7321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)